consists of 3 subscales, dislike, fear of fat, and willpower, and also uses a Likert-type response format from 0 to 9. Higher scores indicate stronger anti-fat attitudes.

RESULTS

A total of 200 medical students from pre-clinical and clinical years completed the survey. The respondents were predominantly female (58.40%), with a median age of 22.0 years. A majority (72.5%) of respondents had an implicit preference towards thin people. Overall, students identifying as female held more positive attitudes (77.56 ± 13.37) compared to students identifying as male (73.27 ± 13.61) (p <0.05) on the ATOP scale. There was a positive correlation (R = 0.214) between Body Mass Index (BMI) and more positive attitudes towards obese persons (p <0.05). Overall, the respondents scored highest for AFA-Fear (11.79 ± 8.82) followed by AFA-Willpower (10.08 ± 5.61) and AFA-Dislike (9.50 ± 8.82). There was a positive correlation between BMI and AFA-Fear scores (p <0.01). There were no significant gender differences in the AFA scores. Age, ethnicity, stage of medical training, and hometown of origin were not significantly associated with implicit or explicit biases.

CONCLUSION

The study demonstrates the high prevalence of implicit weight bias and the extent of explicit weight biases among medical students at the University of Malaya. BMI and gender were important factors associated with these biases. The phenomenon of weight bias must be highlighted in medical education to prevent it from negatively affecting healthcare delivery in the future.

KEYWORDS

obesity, overweight, weight bias, stigma, medical students

PP-O-05

PICWICKIAN SYNDROME, A RARE CASE AND DREADFUL COMPLICATION IN MORBID OBESITY: A CASE SERIES

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CASE

Picwickian Syndrome or Obesity hypoventilation syndrome (OHS) is a respiratory consequence of morbid obesity that is characterized by alveolar hypoventilation during sleep and wakefulness. The disorder involves a complex interaction between impaired respiratory mechanics, ventilatory drive, and sleep-disordered breathing. The first case: A 65-year-old female, from West Java Indonesia, with a BMI of 62.5 kg/m^2, presented to the hospital with unconsciousness and respiratory distress. On admission, she was noted to have multiorgan dysfunction including respiratory failure and renal failure. She was diagnosed with Sepsis et causa Community-Acquired Pneumonia with MODS encephalopathy, morbid obesity with Picwickian syndrome, and tuberculosis. The second case: A 27-year-old male, from West Java Indonesia, with a BMI of 50.6 kg/m^2. He came to the hospital with respiratory distress. He was diagnosed with Sepsis due to hospital-acquired pneumonia with MODS, respiratory failure, encephalopathy, morbid obesity with Pickwickian syndrome, hypokalemia, and exit site infection.

KEYWORDS

Pickwickian syndrome, obesity hypoventilation syndrome, morbid obesity, obese, body mass index

PP-O-06

CORRELATION OF VISCERAL ADIPOSITY INDEX AND TRIGLYCERIDE INDEX WITH TRADITIONAL RISK FACTORS OF CARDIOVASCULAR DISEASE AMONG URBAN POPULATIONS: A CROSS-SECTIONAL STUDY

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INTRODUCTION

Metabolic syndrome (MetS) and its components are important risk factors for cardiovascular diseases (CVDs). The early detection of individuals at risk of developing metabolic syndrome can prevent the development of CVD. The visceral adiposity index (VAI) is a non-imaging marker of visceral adiposity and is reportedly beneficial in predicting MetS and CVDs. The triglyceride-glucose (TyG) index has been identified as a reliable alternative biomarker of insulin resistance (IR) and is associated with the development of cardiovascular disease (CVD). This study aimed to determine the correlation of VAI and TyG index with risk factors of CVD and MetS.

METHODOLOGY

Subjects were taken from Lipid and Diabetes Study data in Makassar, South of Sulawesi, aged 18-70 y.o that met inclusion criteria. Anthropometric measurements were recorded. Triglyceride, HDL-C, LDL-C, total cholesterol, and FPG were examined. Fasting plasma glucose ≥100 mg/dl is defined as prediabetes, while FPG ≥126 mg/dl

is diagnosed as diabetes. The NCEP-ATP III guidelines modified for Asian was used for diagnosing MetS. The visceral adiposity index is divided into quartiles and the 4th quartile is considered high-risk. TyG index ≥4.49 was considered as high risk. Chi-square tests were used to assess the association of VAI and TyG with risk factors of CVD and MetS, p <0.05 defined as statistical significance.

RESULTS

A total of 2737 subjects were included in this study, consisting of 741 (27.1%) males and 1996 (72.9%) females with a mean age of 45.07 ± 12.15 years old. There was a statistically significant relationship between TyG index and age >45 yo (p = 0.000), smoking status (p = 0.001), central obesity (p = 0.000), hypertension (p = 0.000) and diabetes (p = 0.000). The number of MetS is increased in the high TyG index group with OR 8.416 (95% CI: 6.344 -11.164, p = 0.000). Visceral adiposity index was correlated with age >45 yo (p = 0.000), central obesity (p = 0.000), hypertension (p = 0.003), and diabetes (p = 0.000). Metabolic syndrome is increased in the highest VAI group with OR 13.715 (95% CI:11.133-16.896, p = 0.000).

CONCLUSION

The VAI and TyG index showed a positive correlation with traditional risk factors of CVD and MetS, indicating that VAI and TyG index might be useful as screening tools for MetS.

KEYWORDS

visceral adiposity index, triglyceride-glucose index, risk factors cardiovascular disease, metabolic syndrome

PP-O-07

PERCEPTIONS, ATTITUDES, AND POTENTIAL BARRIERS TO EFFECTIVE OBESITY CARE IN THAILAND: A SURVEY OF PEOPLE WITH OBESITY AND HEALTH CARE PROFESSIONALS FROM THE ACTION APAC STUDY

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INTRODUCTION

Obesity remains largely underdiagnosed and undertreated globally. The ACTION (Awareness, Care, and Treatment in Obesity Management Asia Pacific) study identified obesity perceptions among people with obesity (PwO) and health care professionals (HCPs) in nine countries. Here, we report the findings from Thailand.

METHODOLOGY

This was an online survey of eligible PwO (≥18-year-old; body mass index:≥25 kg/m^2) and HCPs (≥2 years in practice) between 14 April 2022 and 23 May 2022.

RESULTS

A total of 1,503 PwO and 200 HCPs completed the survey. One in three PwO perceived themselves as normal/overweight. PwO wanted to lose 24% of their current weight, the mean frequency of weight loss (WL) attempts was 4, and 57% regained weight after maintaining it for ≥6 months. Most PwO (65%) and HCPs (90%) recognized obesity as a chronic disease. However, 51% of PwO assumed self-responsibility and less than half (48%) were motivated to lose weight. PwO were most motivated to lose weight by a desire to feel better physically (31%). Only 49% discussed weight with their HCPs in the past 5 years, and 34% cited assuming self-responsibility for WL as the top reason for not discussing it. Nearly half (48%) of PwO were motivated to lose weight and cited a lack of exercise (63%) as a major WL barrier. Notably, 48% of PwO and 69% of HCPs agreed that a lack of understanding of obesity was a barrier. Most (71%) PwO preferred to lose weight by themselves rather than taking medications. Although 70% of HCPs were likely to review the WL medications with their PwO, only 11% recommended them. Both were concerned about side effects (PwO:68%; HCP:60%) and the long-term safety of anti-obesity medications (PwO:67%; HCP: 58%). In addition, cost was a major barrier for both (PwO:62%; HCP:68%) to consider WL medications.

CONCLUSION

There were gaps and misperceptions of obesity disease understanding and management among PwO and HCPs in Thailand. This underscores the need to improve obesity education and encourage effective obesity management and counseling by HCPs.

KEYWORDS

obesity, perception, attitude, weight loss, Thailand